



# MassHealth Provider Portal

A How To Guide for Using  
Your Online Resource

# TABLE OF CONTENTS

Select a link below to view the instructions

<b><u>Register</u></b> .....	<b>4</b>
<a href="#">Logging In</a> .....	7
<a href="#">Resetting Your Password</a> .....	8
<b><u>Home</u></b> .....	<b>9</b>
<a href="#">My Account</a> .....	10
<a href="#">Notification Center</a> .....	11
<b><u>Provider Administration</u></b> .....	<b>12</b>
<a href="#">Add Users</a> .....	12
<a href="#">Manage Users</a> .....	14
<a href="#">Search Users</a> .....	14
<a href="#">Create Billed Amount List</a> .....	15
<a href="#">Billed Amount Associations</a> .....	18
<a href="#">Assign Billed Amount List</a> .....	18
<b><u>Dental Information</u></b> .....	<b>19</b>
<a href="#">Search Affiliated Providers</a> .....	19
<b><u>Patient Management</u></b> .....	<b>21</b>
<a href="#">Member Eligibility</a> .....	21
<a href="#">Member Detail</a> .....	23
<a href="#">Search Broken Appointments</a> .....	26
<a href="#">Submit Broken Appointments</a> .....	27
<b><u>Claims/Prior Authorizations</u></b> .....	<b>28</b>
<a href="#">Search Claims/Prior Authorizations</a> .....	28
<a href="#">Void Claims</a> .....	29
<a href="#">Submit Claims/Prior Authorizations</a> .....	31
<a href="#">Claims Confirmation Report</a> .....	33

# TABLE OF CONTENTS

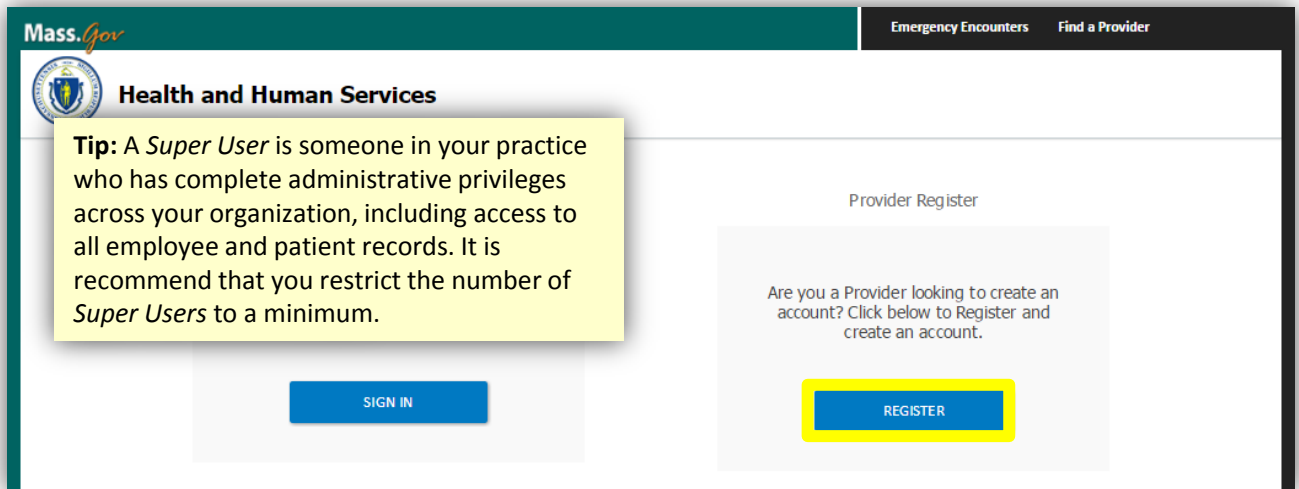
Select a link below to view the instructions

<a href="#">Remittance</a> .....	34
<a href="#">Document List</a> .....	35
<a href="#">Find a Dentist</a> .....	36
<a href="#">Contact Us</a> .....	37
<a href="#">Submit Inquiry</a> .....	38
<a href="#">Review Inquiry</a> .....	40
<a href="#">Reports</a> .....	42
<a href="#">Event Calendar</a> .....	43

## STEP 1

The only way to self-register for the Portal is as a *Super User*. In order to do this, you will need to have information about both the business office and specific details on at least one of the Providers at that office. Key information that you will need in order to self-register include the Provider’s **first and last name**, **NPI** and **license number**, as well as the **tax ID** for the practice.

If you are a designated Super User for the practice and have this information available, go to <https://provider.masshealth-dental.net/> and click **REGISTER**.



**Tip:** If you are unsure whether you are a designated Super User for your practice and/or not sure if you have all of the necessary information to self-register, please contact your MassHealth representative.

## STEP 2

Complete all of the required information on the registration page and click **REGISTER**.

If all of the information is correct, you will receive a “Registration Successful” notification. You will then have *Tier 1*, or *Super User*, access, which can be used to add all further users in the system.

If your registration is not successful, try the following:

- **Adjust the Provider Name:** If your practice name is ‘Bob Smith LLC’ try both ‘Bob Smith LLC’ and ‘Bob Smith’ in the Provider Name field
- **IDs must match exactly:** The License, NPI and Tax ID entries must match what is on file. Try entering the Tax ID with and without the hyphen

User Registration

First Name  
First Name

Last Name  
Last Name

Tax ID  
Tax ID

State  
State

Email Address  
Email

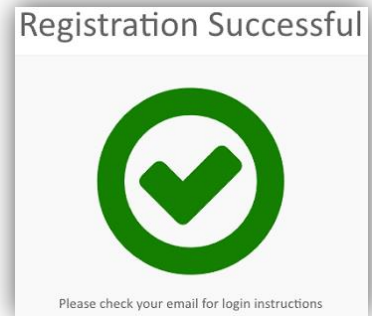
Provider Name  
Provider Name

Provider License  
Provider License

Provider NPI  
Provider NPI

REGISTER

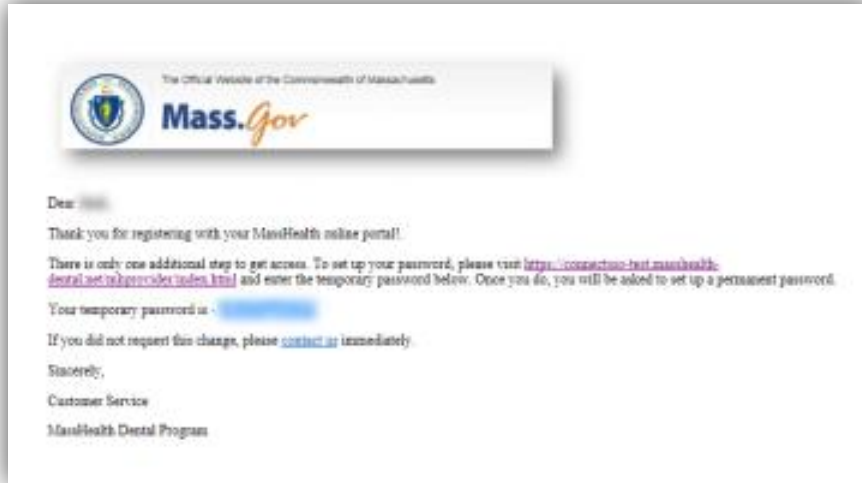
**Tip:** Always use a **business email address**, not a personal email, when registering on the Portal.



If your registration is still unsuccessful, please contact your MassHealth representative.

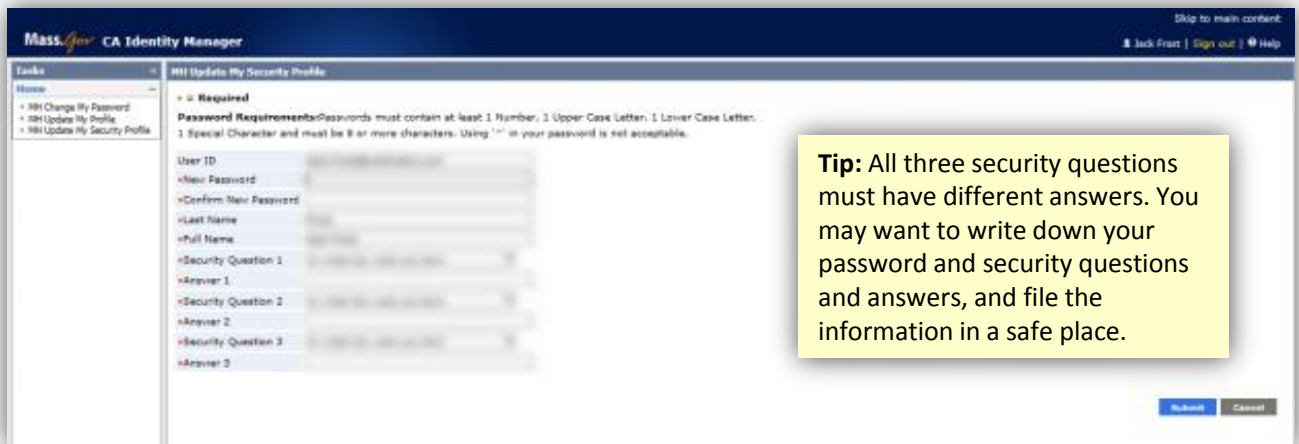
### STEP 3

If your registration was successful, you will receive an email with directions for logging into the Portal. Click the link, and verify that your information is correct. You will only need to go through the registration process once.



### STEP 4

Update your temporary password to a permanent password. You can set your security questions and answers.

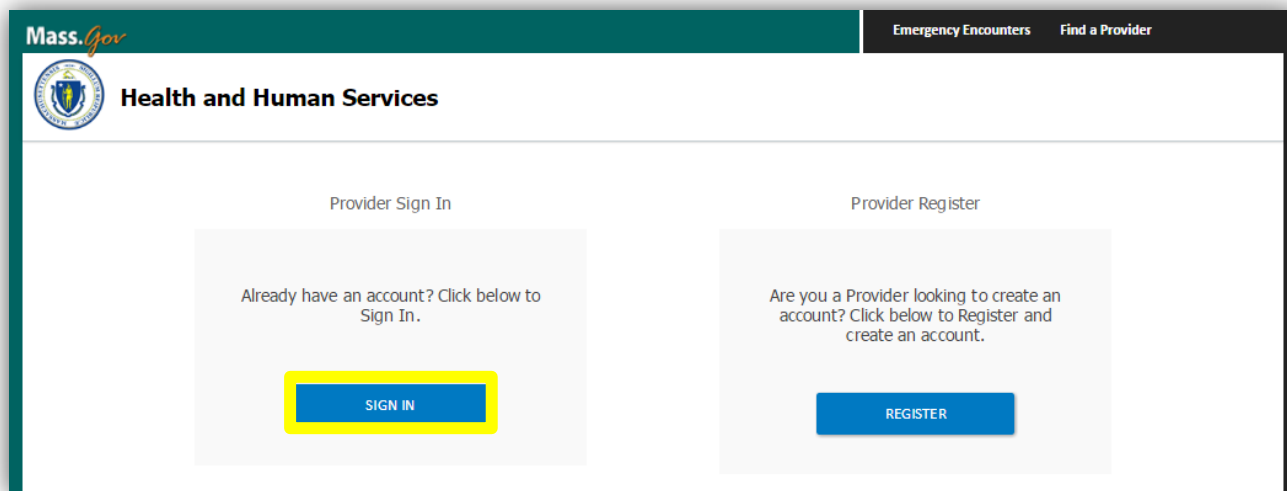


### STEP 5

It is recommended that you add at least one other *Super User* right away. Note that adding other Super Users (or standard users) does not require the self-registration process. They can be added through the simple [Manage Users](#) section of the Portal.

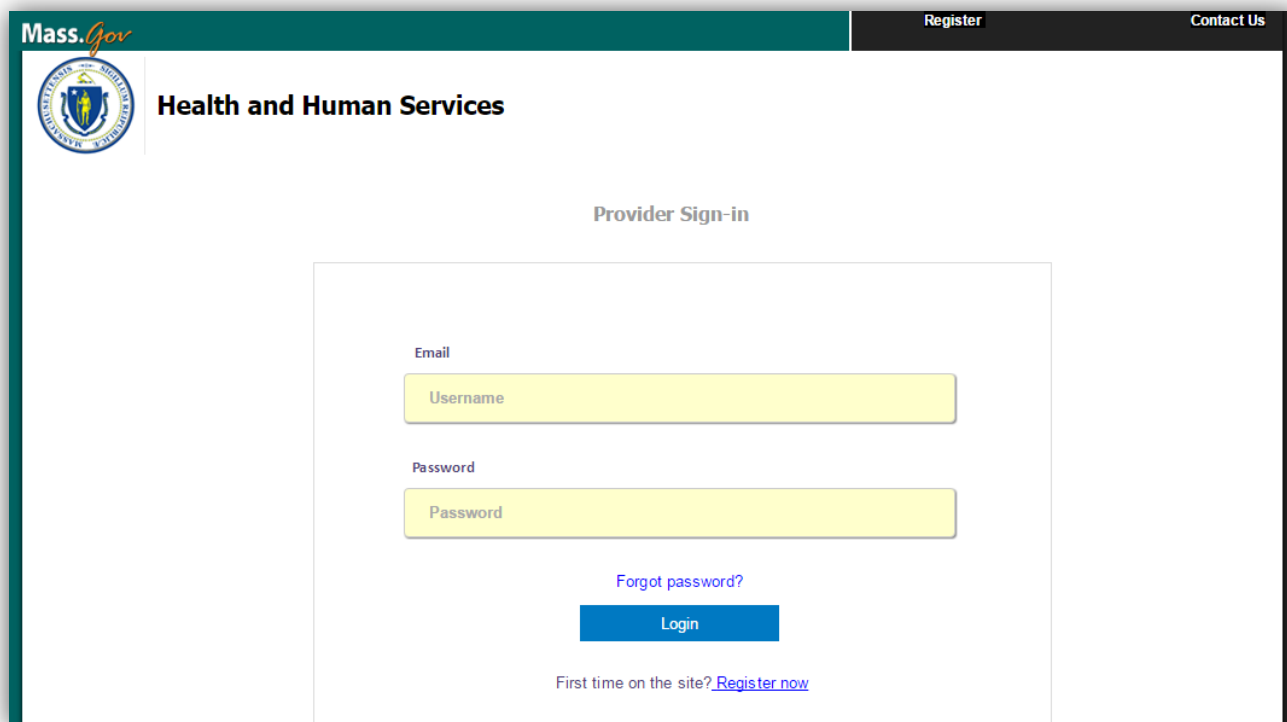
## STEP 1

In your browser, go to <https://provider.masshealth-dental.net/> and click **SIGN IN**.



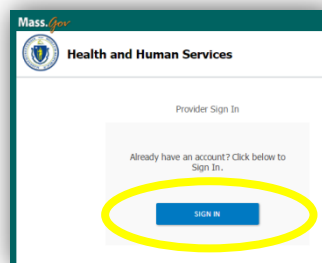
## STEP 2

Enter the email address used to register, or that was used by your Administrator to create your login. Enter the password and click **Login**.



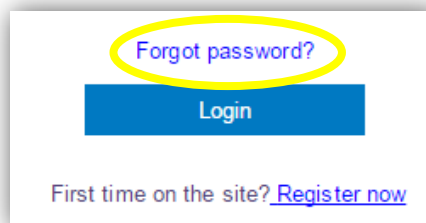
## STEP 1

If you've forgotten your password, go to the Sign In page (<https://provider.masshealth-dental.net/>) and click **SIGN IN**.



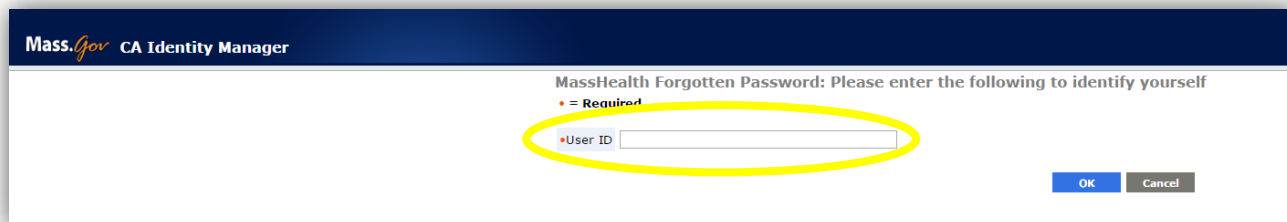
## STEP 2

Click the “**Forgot password?**” link right above the **Login** button.



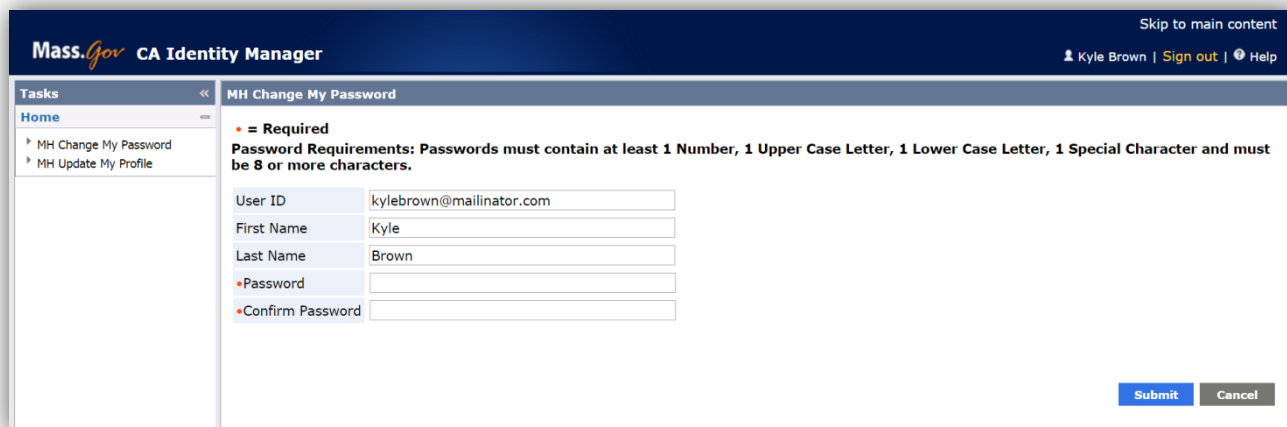
## STEP 3

On the next page, in the User ID field, enter the email used to register for the Portal and click **OK**.



## STEP 4

You will receive an email. Open the email, click the link, and update your password as directed. When done, click **Submit**. If you don't see the email, be sure to check your spam folder.





### Home Page

Click the Mass.Gov link to visit the MassGov website

Click **Home** to return to this page at any time

The navigation menu runs across the top of the page

Mass. Health and Human Services

Home Event Calendar Contact Us My Account Logout

Provider Administration Patient Management Claims/Prior Authorizations Remittance Document List Find a Dentist

Welcome, Majed

In this secure portal, you can easily work with MassHealth to make managing your practice easy. Just follow the links below to get started.

Manage Users

Claims/Prior Authorizations

Reports

See page [12](#) for information on adding and managing users of this Portal

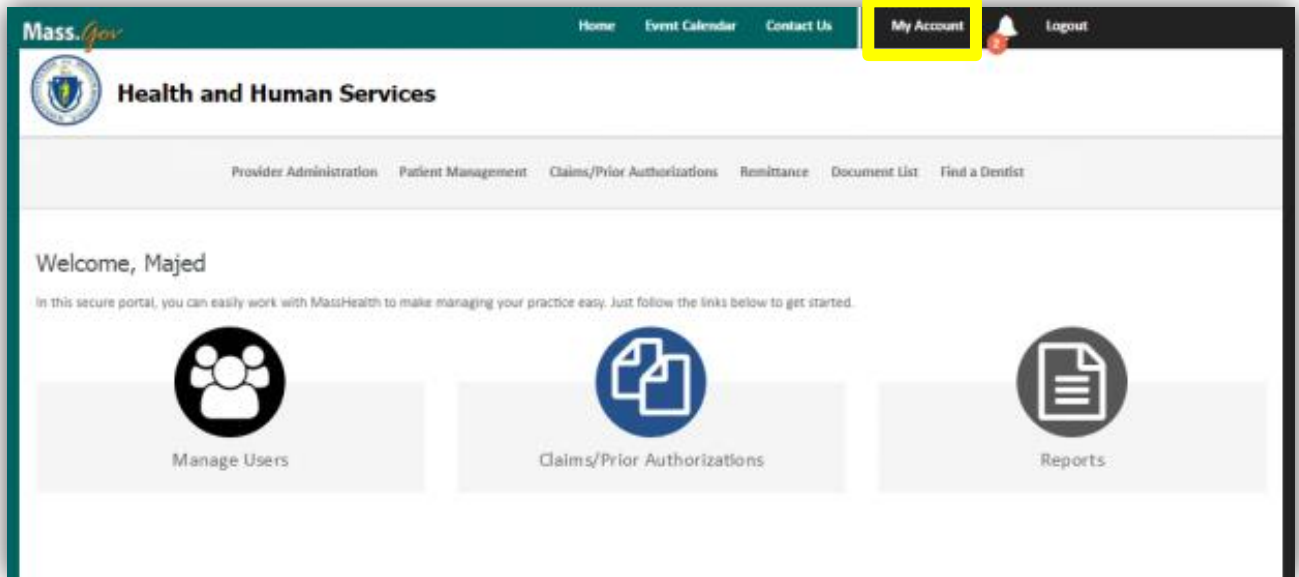
See page [28](#) for information on searching, submitting and voiding Claims and Prior Authorizations

See page [42](#) for information on Reports

**Tip:** Not all users will see all icons. Users will only see those icons for which they have permission.

## STEP 1

Click **My Account** on the top navigation menu.



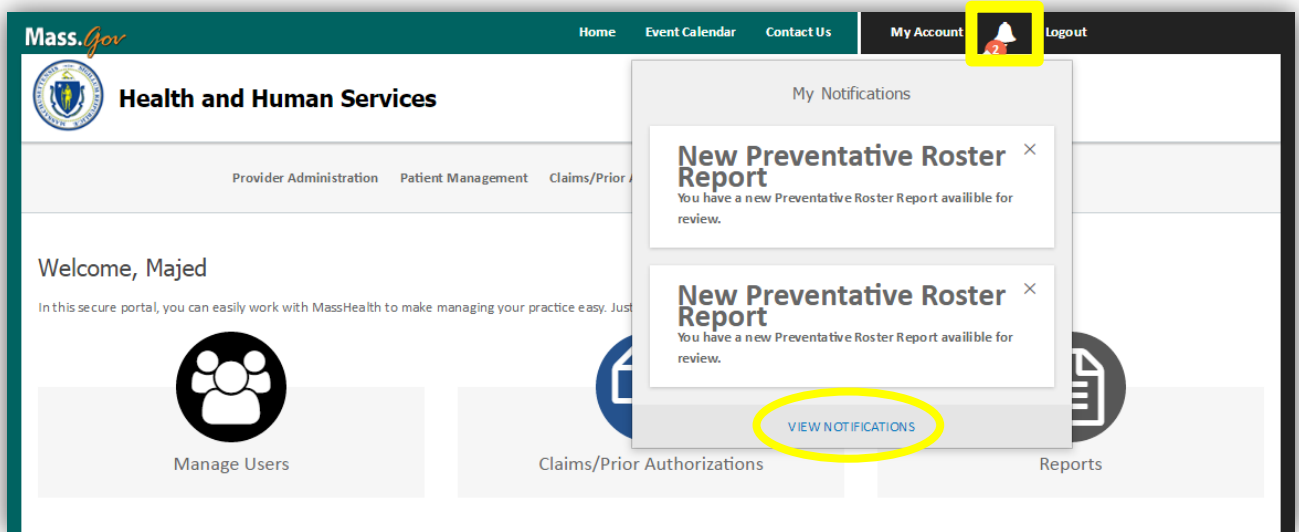
## STEP 2

Type the updated name and/or EOB notification preference, then click **UPDATE INFORMATION**.

Click **UPDATE PASSWORD** or **UPDATE USER PROFILE** to update either of those items.

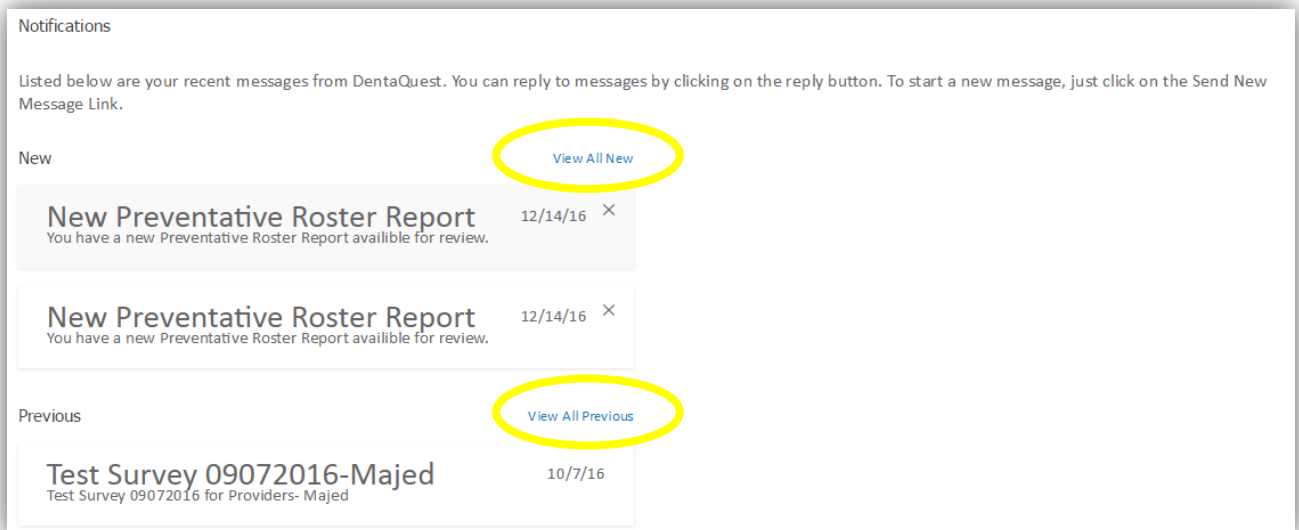
### STEP 1

Click the bell icon in the top right corner to see a glimpse of any messages. Click **VIEW NOTIFICATIONS** to see all notifications in their entirety.

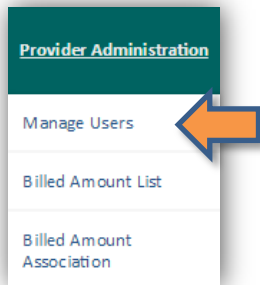
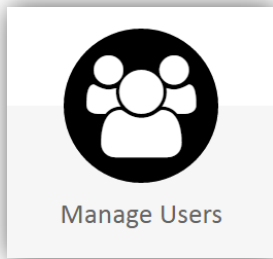


### STEP 2

Any notifications will display in the message list. Click **View All New** to see new notifications or **View All Previous** to see older notifications.



### STEP 1



Clicking the **Manage Users** button on the home page will take you to the same page as selecting **Provider Administration > Manage Users** on the navigation menu. Only Tier 1 users (*Super Users*) will be able to manage users.

### STEP 2

Before adding a new user, you may want to check to see if they are already registered on your account. Enter the person's Last Name, then click **SEARCH**.

**Manage Users**

You can search for users who have been set up within your portal by using the form below. Once you find a user, you will be able to modify their permissions or remove their account. If you need to set up a new user, just click on the Add New User button.

**ADD NEW USER**

User Last Name	E-mail
<input type="text" value="smith"/>	<input type="text" value="E-mail"/>
User Role	Disabled
<input type="text"/>	<input type="text"/>

**SEARCH**

### STEP 3

The search results will display a list of users matching the search criteria. If the desired user is not found, click **ADD NEW USER**.

**Search Results**

Listed below are all of the users that matched your search criteria. You can remove users by clicking on the delete button to the right of their name. If you want to edit the permissions of a specific member, just click on their name.

No results were found.

**ADD NEW USER**

### STEP 4

Enter the user's First and Last Name, and Email address. Follow the instructions to set the user's Tier, Role and Permissions. When done, click **ADD USER**.

#### Add New User

You can add a new user to your account using the form below. Just follow the four steps below. When you are done, click on the Add User button.

**Step 1 - Contact Information**

- Enter their contact information.

**Step 2 - Define Access Level**

Because adding a user will allow them to see your claims and other information, it's critical that you carefully set the right access level for each member. We offer three levels of access:

- Tier 1 - Full Business Access** - These users will have access to all information for all practice locations under this tax ID.
- Tier 2 - Specific Location Access** - These users can only access information for a specific office location.
- Tier 3 - Individual Provider Access** - These users can only see and manage information related to a specific provider.

**Step 3 - Define Roles**

The roles will determine whether a user can make changes within your site. You have two options.

- View Only** - These users can only view information and may not make any changes.
- View and Edit** - These users can make changes within the site, based on their specific permissions.

**Step 4 - Set Permissions**

- In this step, you can define which specific areas the user can view/edit.

**Tip:** Tier 1 users (*Super Users*) default to having all of the permissions enabled.

#### Users Information

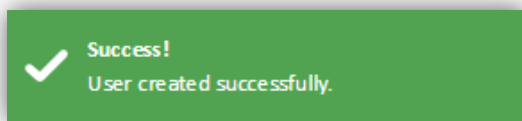
First Name *	Last Name *
<input type="text" value="First Name"/>	<input type="text" value="Last Name"/>
E-mail *	User Role *
<input type="text" value="E-mail"/>	<input type="text" value="User Role"/>
Tier *	
<input type="text" value="Provider Level"/>	

**ADD USER**

<b>Available Permissions</b>		<b>Selected Permissions</b>
<ul style="list-style-type: none"><li>Manage Users</li><li>View Claims</li><li>View Documents</li><li>View Member Eligibility</li><li>View Remittance</li></ul>	<p>Add</p> <p>&gt;</p> <p>&lt;</p> <p>Remove</p>	

### STEP 5

Once the user has been successfully added, you will receive a confirmation message.



## STEP 1

From the Manage Users page, you can update user information. To search for a specific user, enter their last name or email and click **SEARCH**. Or, to view a list of all users, leave the fields blank, then click **SEARCH**. Click on the name of the user you wish to edit.

Name *	Email	Office	Role	Disabled
<b>John Doe</b>	john.doe@state.ma.us	MASSACHUSETTS	MH - Provider Portal - View All - (Tier 1)	No
John Doe	john.doe@state.ma.us	MASSACHUSETTS	MH - Provider Portal - View All - (Tier 1)	No

## STEP 2

This will bring up the **Edit User** page, where you can update the user's name, tier, role, email address, location and permission levels, as well as lock or disable the account. When complete, click **UPDATE USER**.

### Edit User

**Users Information**

First Name \*

Email \*

Tier \*

Disabled \*

Locked

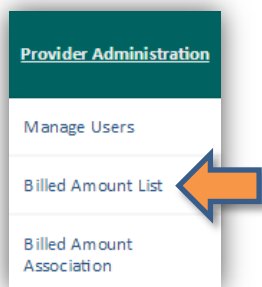
**UPDATE USER**

Available Permissions: Manage Users, View Claims, View Documents, View EOB

ADD REMOVE Selected Permissions

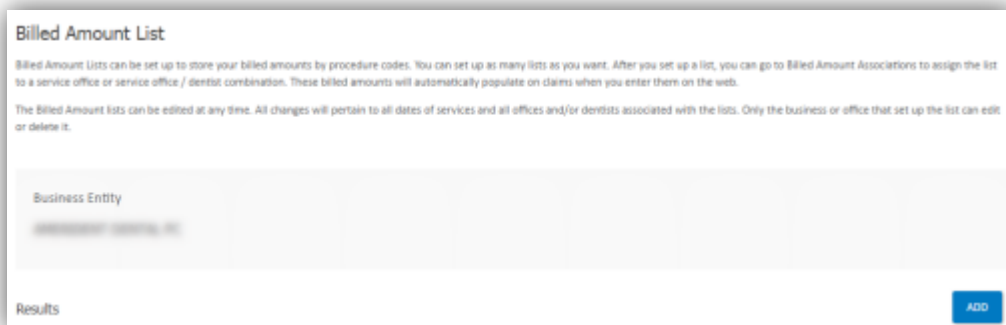
**Tip:** Once a user has been added, they can never be permanently deleted, only disabled or enabled. If a user no longer needs access to your account, either temporarily or permanently, set the **Disabled** field to Yes. To re-enable them, set the field to No.

### STEP 1



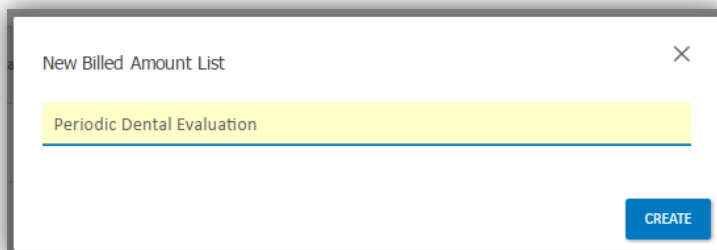
Provider offices have the ability to store billed amounts by procedure codes. This will result in faster and easier online claim submission. To get started, select **Provider Administration > Amount List** from the navigation menu.

To create a new Billed Amount List, click the **ADD** button.



### STEP 2

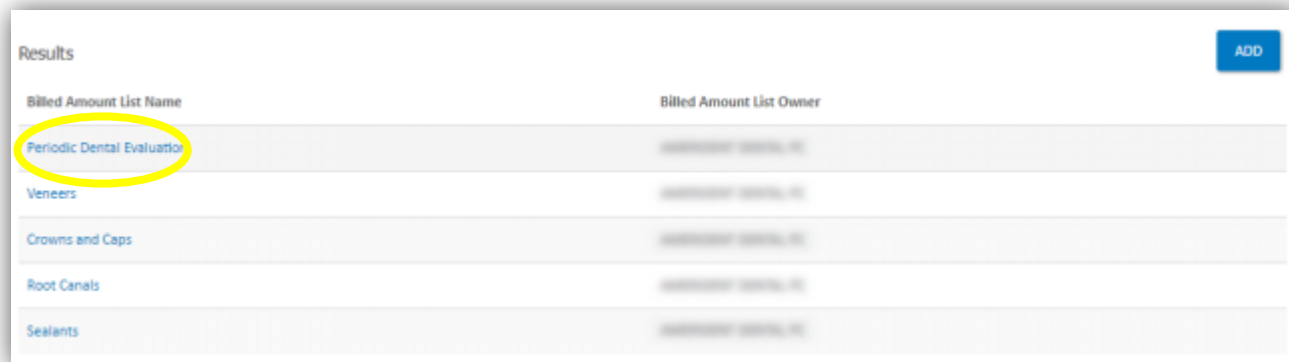
In the popup screen, name the new Billed Amount List, then click **CREATE**.



### STEP 3

The Results listing will populate with the new Billed Amount List. Before the list can be used, it is necessary to associate the list with providers and service offices, and add procedure codes.

Click the name to open the Billed Amount Detail page.



### STEP 4

To associate the Billed Amount List to a service office or provider, click **ADD BILLED AMOUNT ASSOCIATION**.

### STEP 5

In the popup screen, select a Service Office from the drop down list, then search for a Provider connected to that office. Click **ADD**.

### STEP 6

The Billed Amount List Associations result list will populate with the new Service Office and Provider selections. Continue adding associations by clicking **ADD BILLED AMOUNT ASSOCIATION** and following the same steps.

You can remove associations by clicking **UNLINK**.

**Tip:** Billed Amount List Associations are specific to particular combinations of Service Offices and Providers. To make a list available to multiple offices and providers, the list will need to be associated with each Service Office / Provider combination separately.



### STEP 7

Next, add procedure codes. Click **ADD BILLED AMOUNT DETAIL**.

Billed Amount List Detail

Procedure Code	Procedure Code Description	Billed Amount

ADD BILLED AMOUNT DETAIL
PRINT THIS PAGE

### STEP 8

In the popup screen, enter a Procedure Code and Billed Amount. The Procedure Code Description will auto populate. Click **ADD**.

Add Procedure Code
✕

Billed Amount List Name	Business Entity
Periodic Dental Evaluation	
Billed Amount List Owner	Billed Amount
	100
Procedure Code	Procedure Code Description
D0113	Periodic Exam

CANCEL
ADD

### STEP 9

The Billed Amount List Detail result list will populate with the new procedure. Continue adding procedures by clicking **ADD BILLED AMOUNT DETAIL** and following the same steps.

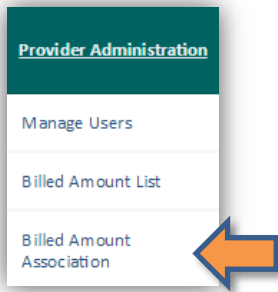
You can edit or delete procedures by clicking **EDIT** or **DELETE** as necessary. Click **PRINT THIS PAGE** to print a copy for your records.

Billed Amount List Detail

Procedure Code	Procedure Code Description	Billed Amount	
D0113	Periodic Exam	\$100.00	<span style="margin-right: 10px; border: 1px solid #0070c0; padding: 5px 10px; color: white;">EDIT</span> <span #0070c0;="" 10px;="" 1px="" 5px="" border:="" color:="" padding:="" solid="" white;"="">DELETE</span>

ADD BILLED AMOUNT DETAIL
PRINT THIS PAGE

### STEP 1



You can assign or edit Billed Amount Lists by selecting **Provider Administration > Billed Amount Association** from the navigation menu.

### STEP 2

By leaving all fields blank and hitting **SEARCH** from the Billed Amount Association page, you will be able to see a list of all Billed Amount List Associations that have been created.

**Billed Amount Association**

Once you set up Billed Amount Lists you can assign the lists to an office or office / dentist combination here. If you associate a list with only a service office, the list will be used for all dentists at that office. If you associate a list to a office / dentist combination the billed amounts will only be used when that office / dentist enter a claim. When a Claim service line is entered, the list associated with the office / dentist is checked first for the procedure code. If the code is not found, the list associated with the service office is checked next.

A single list can be associated to more than one office or office / dentist combination.

Note that an office or office/dentist can only have one list associated at any time.

**Search Billed Association**

Billed Amount List	Business Entity
Select a billed amount list	
Service Office	Associated Provider
Select an office	Please select an office

**SEARCH**

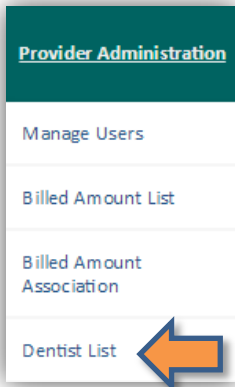
### STEP 3

To disassociate a List from an office or dentist, click **UNLINK** for that List.

**Search Results**

Billed Amount List Name	Service Office ^	Dentist ⚙	
Veneers			<b>UNLINK</b>
Crowns and Caps			<b>UNLINK</b>
Periodic Dental Evaluation			<b>UNLINK</b>

### STEP 1



The **Dentist List** tool is for checking the credentialing and contact information for offices and dentists specific to this login, based on the Tax ID number. Select **Provider Administration > Dentist List** from the navigation menu.

### STEP 2

To search for a specific office or dentist, enter as much information as possible in the search fields. To search for all associated offices and dentists, leave the search fields blank and click on **SEARCH**.

#### Search Dentist List

This page allows you to search for and select your existing affiliated service offices and individual dentists. This search will only show providers who are associated with your practice. If you want to find providers outside your practice, use our Find A Dentist search.

**Search**

Dentist Last Name

Business Name

City

Phone Number

Record Type

Dentist First Name

Location Name

State

Dentist Identifier

### STEP 3

You can print or download the search results. To view additional details, click the links under **Name** or **Treating Dentist**.

Search Results

Record Type	Dentist Identifier	Name	Treating Dentist *	Provider Info	Address	Contact phone
Business		<a href="#">[Name]</a>		MassHealth Network		
Location		<a href="#">[Name]</a>		MassHealth Network		
Provider		<a href="#">[Name]</a>	<a href="#">[Name]</a>	MassHealth Network		
Provider		<a href="#">[Name]</a>	<a href="#">[Name]</a>	MassHealth Network		
Provider		<a href="#">[Name]</a>	<a href="#">[Name]</a>	MassHealth Network		

### STEP 4

Review additional details about affiliated providers, including License information, Network Affiliations and Service Offices.

General Information		Provider Identifier Section	
First Name	[REDACTED]	License Identifier	[REDACTED]
Middle Name	[REDACTED]	License Type	Dental
Last Name	[REDACTED]		
Gender	Male		
Birthdate	[REDACTED]		
Degree	DDS		
Comments			

Language(s)

Language

English

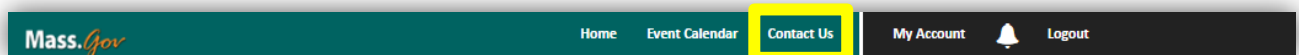
Network(s) Affiliations to Service Office Location

Network	Par	Start Date	End Date
MA MassHealth- Limited (Emergency Coverage Only)	Par	1/5/16	
MA MH Medicaid Adult (DDS)	Par	1/5/16	
MA MH Medicaid Adult (Regular)	Par	1/5/16	
MA MH Medicaid Child	Par	1/5/16	

Service Office(s)

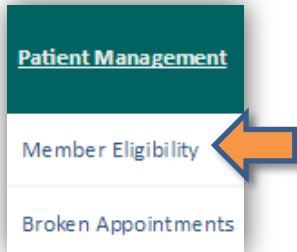
Service Office Name	Service Office Address	Phone	Specialty	Minimum Patient Age	Maximum Patient Age	Accepting Patients
[REDACTED]	[REDACTED]	[REDACTED]	Pediatric Dentist	3	110	Yes
[REDACTED]	[REDACTED]	[REDACTED]	General Practitioner	0	21	Yes
[REDACTED]	[REDACTED]	[REDACTED]	General Practitioner	3	110	Yes

If any information needs to be updated, use the Contact Us form to submit updated details. Click **Contact Us** on the top navigation bar to open the form.



### STEP 1

You can quickly check coverage eligibility of members. Click **Patient Management > Member Eligibility** from the navigation menu. In the form, enter a Provider and Location, the Member's Service Date (date on which they received treatment), Date of Birth, and **either** Member ID or Member Last Name.



Member Eligibility Search

Provider and Location \*

Service Date: 08/24/2016

Date of Birth: mm/dd/yyyy

Member Number: Member Number

Member Last Name: Name

Member First Name: Member First Name

DELETE

### STEP 2

Repeat the above step on this same page to search eligibility for multiple Members at the same time. If more search lines are needed, click "+ ADD ADDITIONAL SEARCH LINES". When all Members are entered, click on the **SEARCH** button. You can search for up to 30 members at a time.

Member Eligibility Search

Provider and Location \*

Service Date	Date of Birth	Member Number	Member Last Name	Member First Name	
08/24/2016	mm/dd/yyyy	Member Number	Name	Member First Name	DELETE
09/27/2016	mm/dd/yyyy	Member Number	Member Last Name	Member First Name	DELETE
09/27/2016	mm/dd/yyyy	Member Number	Member Last Name	Member First Name	DELETE
09/27/2016	mm/dd/yyyy	Member Number	Member Last Name	Member First Name	DELETE
09/27/2016	mm/dd/yyyy	Member Number	Member Last Name	Member First Name	DELETE

+ ADD ADDITIONAL SEARCH LINES

SEARCH

Note: You must enter the Service Date, Date of Birth, and either the Member ID or the Member First and Last Name for each row.

### STEP 3

Search results will return in three sections: *Active*, *Ineligible*, and *Not Found*.

Search Results

**Tip:** The **Benefit Effective Date** for members will display in the eligibility Search Results.

**Active**

Order Entered ^	Service Date ⇅	Benefit Effective Date ⇅	Member Number ⇅	DOB ⇅	Member Name ⇅	Plan ⇅
No active members were found.						

**Ineligible**

Order Entered ^	Service Date ⇅	Benefits Effective Date ⇅	Member Number ⇅	DOB ⇅	Member Name ⇅	Plan ⇅
1	09/27/2016					MassHealth - Adult (Regular) Medicaid

If a Member is not found based on your search information, this could mean that they are not in the system, incorrect data was entered, or that there is more than one Member with matching information (such as matching Service Date, Date of Birth, and Last Name). You can **SEARCH AGAIN** and add more information, such as First Name or Member Number.

### STEP 4

It is possible to save the search list for later use, as in the case of searching for all appointments scheduled for tomorrow. Simply click on **SAVE SEARCH**.

Saved searches will display at the bottom of the Member Eligibility page. Click **LOAD SEARCH** to re-populate the search fields with all previously entered data. You will need to re-select the **Location and Provider** field manually.

Saved Searches

Search Name	Created Date		
InValid_Member_List	09/26/2016	<input type="button" value="LOAD SEARCH"/>	<input type="button" value="DELETE"/>
InActive_Member_List	09/26/2016	<input type="button" value="LOAD SEARCH"/>	<input type="button" value="DELETE"/>
Active_Member_List	09/26/2016	<input type="button" value="LOAD SEARCH"/>	<input type="button" value="DELETE"/>

### STEP 1

From the **Member Eligibility Search Results** page, click on the **Member Number**.

Search Results

Active

Order Entered	Service Date	Benefit Effective Date	Member Number	DOB	Member Name	Plan
1	09/26/2016	12/23/2016	<a href="#">1234567890</a>	12/23/2016	XXXXXXXXXX	MassHealth - Adult (Regular) Medicaid

### STEP 2

Clicking on the **Member Number** will open **Member Detail** page. This provides information regarding the member, including contact information, claims and service history.

Member Detail

Search

Service Date

12/23/2016

VIEW CLAIMS VIEW SERVICE HISTORY FIND A DENTIST

**Tip: The Benefit Effective Date for members will display in the Member Detail page.**

Member Info

Date of Birth: 12/23/2016  
 Gender: Male  
 Address: 12345 Main Street, Boston, MA 02108  
 Home Phone: (617) 555-1234  
 Registered: 12/23/2016

Eligibility Information

Plan	Issued Id	Coverage Type Code	Effective Date	End Date

Third Party Liability





Policy Number	Coverage Type	Effective Date	Termination Date	Insurer Name	Insurer Payment Order

### STEP 3

Click **VIEW CLAIMS** to review claim information for this member. The page will automatically load the member's information. To modify your search, enter the relevant information then click **SEARCH**.

### Search Claims/Prior Authorizations

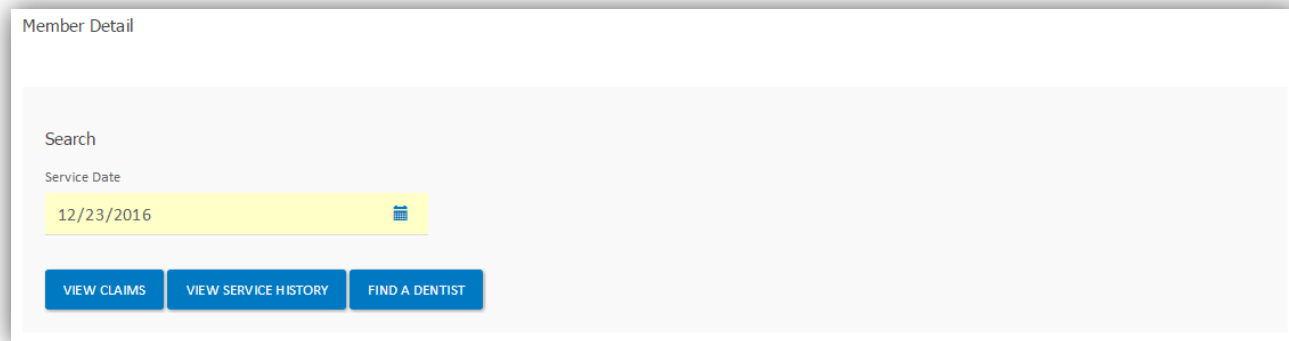
You can search for an existing claim or prior-authorization for any of your patients by using the form below.

<b>Enter Search Criteria</b>	
Submit Type *	Member First Name
<input type="text" value="Dental Claim"/>	<input type="text" value=""/>
Member Last Name	Member Number
<input type="text" value=""/>	<input type="text" value=""/>
Member Date of Birth	Status Category
<input type="text" value=""/> 	<input type="text" value="Select a status"/>
Service Office	Treating Dentist
<input type="text" value="Select an office"/>	<input type="text" value="Please select an office"/>
Received Date Range	Claim Number
<input type="text" value="mm/dd/yyyy"/>  to <input type="text" value="mm/dd/yyyy"/> 	<input type="text" value="Enter Claim Number"/>
Date of Service	ICN
<input type="text" value="mm/dd/yyyy"/> 	<input type="text" value="Enter ICN"/>
Plan	
<input type="text" value="Enter Plan"/>	



### STEP 4

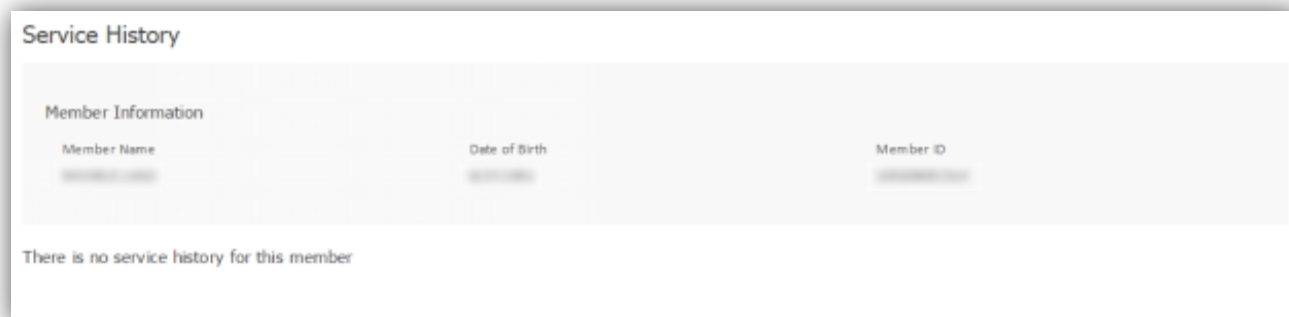
From the Member Detail page, you can also review the member's Service History. Click **VIEW SERVICE HISTORY**.



The screenshot shows the 'Member Detail' page. At the top, there is a search bar with the text 'Search' and a 'Service Date' field containing '12/23/2016' with a calendar icon. Below the search bar are three buttons: 'VIEW CLAIMS', 'VIEW SERVICE HISTORY', and 'FIND A DENTIST'.

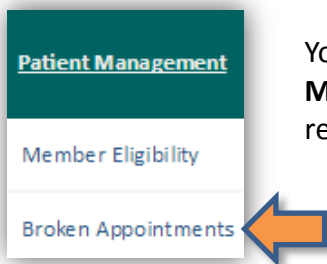
### STEP 5

Review the results of the Service History search.



The screenshot shows the 'Service History' page. It features a table with the following columns: 'Member Name', 'Date of Birth', and 'Member ID'. The table is empty, and a message at the bottom states: 'There is no service history for this member'.

### STEP 1



You can search for broken appointments for your office. Select **Patient Management > Broken Appointments** from the navigation menu. Enter the relevant information and click **Search**.

#### Broken Appointments

You can use this page to search for broken appointments your office has submitted or to submit new broken appointments.

- To find out about previously submitted appointments: Fill in the required fields in the Search Broken Appointment section. Required fields are highlighted with red asterisks.
- To enter a new broken appointment: Fill out the entire form including the appointment details and click Submit Broken Appointment. Please enter missed appointments within the same month of the missed appointment to ensure timely written notification to members regarding broken appointments.

#### Search Broken Appointments

Date of Service \*  Service Office \*  Dentist \*

---

#### Member Eligibility

Please enter a member date of birth, and either first name & last name or member number to search.

Date of Birth \*  Member Number

First Name  Last Name

### STEP 2

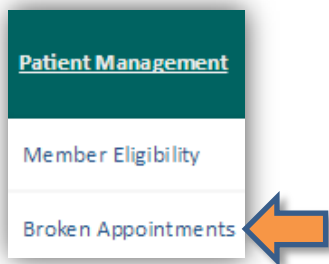
Search results will display a list of broken appointments.

#### Search Results

Presented below are the results of your search.

Type of Patient ^	Service Category ⇅	Date Reported ⇅	Broken Appointment Date ⇅
Existing	Preventative	9/16/16	9/16/16
Existing	Diagnostic	9/29/16	9/6/16
New	Diagnostic	9/19/16	9/5/16

### STEP 1

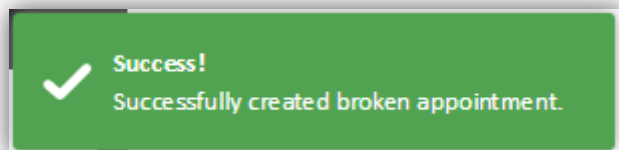


You can submit broken appointments for your office. Select **Patient Management > Broken Appointments** from the navigation menu. Enter the patient type, category of service, reason for the broken appointment and language spoken by the patient, as well as any notes, then click **SUBMIT BROKEN APPOINTMENT**.

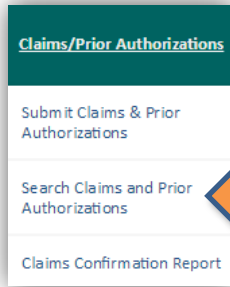
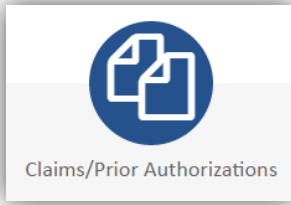
The screenshot shows a form titled 'Appointment Details (only needed for submission)'. It contains three dropdown menus: 'Type of Patient \*' (with 'Select a type' and a red error message 'This is a required field.'), 'Service Category \*' (with 'Select a category' and a red error message 'This is a required field.'), and 'Reason Code \*' (with 'Select a code' and a dropdown list of options including 'Conflict with Member Schedule', 'Forgot About Appointment', 'Illness', 'Member Eligibility', 'Member No Show', 'No Reason Given', 'No Transportation', and 'Other'). To the right is a large yellow text area labeled 'Additional Notes' with the placeholder text 'Additional Notes'. At the bottom right are three buttons: 'SUBMIT NEW BROKEN APPOINTMENT' (blue), 'CLEAR' (white), and 'SEARCH' (blue).

### STEP 2

Once the broken appointment is submitted, you will receive a confirmation.



## STEP 1



Clicking on the **Claims/Prior Authorizations** button from the Home page or the link from the navigation menu will bring you to the **Search Claims and Prior Authorizations** page.

Enter the relevant information and click **Search**. Alternatively, simply choose either *Dental Claim* or *Prior Authorization* and click **SEARCH** to see all results for either category.

**Search Claims/Prior Authorizations**

You can search for an existing claim or prior-authorization for any of your patients by using the form below.

Enter Search Criteria

Submit Type \*

Dental Claim (selected)

Prior Authorization

Enter last name

Member Date of Birth

mm/dd/yyyy

Service Office

Select an office

Received Date Range

mm/dd/yyyy to mm/dd/yyyy

Date of Service

mm/dd/yyyy

Plan

Enter Plan

Member First Name

Enter First name

Member Number

Enter a number

Status Category

Select a status

Treating Dentist

Please select an office

Claim Number

Enter Claim Number

ICN

Enter ICN

CLEAR SEARCH

## STEP 2

Search results will display information about the Claim or Prior Authorization, including the date received and the amount paid. To view more details, or to **Void a Claim**, click on the appropriate listing under **Claim/Prior Auth Number**.

Search Results

Claim/Prior Auth Number	Member Number	Member Name	Status	Plan	Received Date	Submitting Dentist	Paid Amount	Deductible Percentage
<a href="#">0000000000</a>	<a href="#">0000000000</a>	0000, 0000	Finalized	MassHealth - Child Medicaid	00/00/00	0000-000000	\$0.00	80%

### STEP 1

To void a Claim, first **Search** for the Claim using the process described previously, and click on the **Claim/Prior Auth Number** to display Claim details. From the Claim details page, click **VOID CLAIM**.

Search Results

Claim/Prior Auth Number	Member Number	Member Name	Status	Plan	Received Date	Submitting Dentist	Paid Amount	Deductible Percentage
<a href="#">XXXXXXXXXX</a>	XXXXXXXXXX	XXXX, XXXX	Finalized	MassHealth - Child Medicaid	XXXXXXXXXX	XXXXXXXXXX	\$0.00	80%

### Claim Details

[VOID CLAIM](#)

**Member Information**

Member Name:	XXXXXXXXXX	Date of Birth:	XXXXXXXXXX
Member Number:	XXXXXXXXXX	Plan:	MassHealth - Adult (Regular) Medicaid

**Servicing Dentist Information**

Treating Dentist:	XXXXXXXXXX
Service Office:	XXXXXXXXXX
Business:	XXXXXXXXXX

**Claim Information**

Claim Number:	XXXXXXXXXX	Total Paid Amount:	\$0.00
Type:	XXXX	Deductible Percentage Met:	80%
Date of Service:	XXXXXXXXXX	Received Date:	XXXXXXXXXX
Office Reference #:		Check Issue or EFT Date:	
POS:	XXXX	Check or EFT Trace#:	
ICD Diagnosis Codes:		Final Decision Date:	XXXXXXXXXX
Total Billed Amount:	\$0.00	Note:	

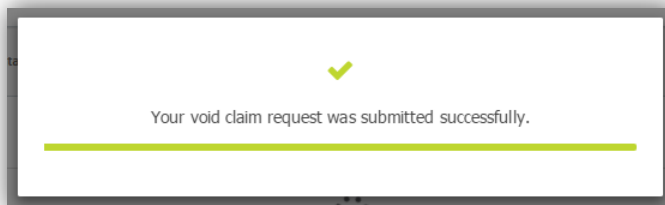
### STEP 2

On the **Void Request Form**, enter the required information, including the amount of the Claim, provider license information, and a reason for the void. If you need to add any supporting documentation, you can upload a file and attach it to the void request. Click **SUBMIT VOID CLAIM**.

The screenshot shows the 'Void Request Form' interface. At the top, it says 'Void Request Form' and 'MASSHEALTH MEMBER'. Below this, there are two columns for 'Treating Dentist: Business:' and 'Service Office:'. The 'Amount' field contains '0.00'. The 'Billing Provider's NPI' field is empty. The 'MassHealth Provider Number' field is also empty. Below these fields, there is a section titled 'Please check one reason for requesting the void' with eight radio button options: 'Collection from a Primary Health Insurance', 'Collection from Auto Insurance or Workers Ins. Compensation Insurance', 'Claim paid to the wrong Provider', 'Wrong MassHealth Member ID (MID) on the claim', 'Provider billed incorrect service date', 'Duplicate Payment', 'Provider performed only a certain component of the entire service billed', and 'Other (please explain)'. At the bottom, there is a 'File Attachments' section with a dropdown menu labeled 'Select a document type' and an '+ ADD FILE' button. A 'SUBMIT VOID CLAIM' button is located at the bottom right of the form.

### STEP 3

Once the void is submitted, you will receive a confirmation.



## STEP 1

To submit a Claim or Prior Authorization, select **Claims/Prior Authorizations > Submit Claims & Prior Authorizations** from the navigation menu. Enter the relevant information and click **SEARCH**. This will confirm the Member's eligibility.

**Submit a Claim/Prior Authorization**

You can submit a Claim/Prior-Authorization for any of your patients by using the form below. Required fields are marked with an Asterisk. Once you are done, click the Submit button.

Submit Type \*

Select a submission type

Select a submission type

Dental Claim

Prior Authorization

POS \*

Select a place of service

Service Office \*

Select an office

Treating Dentist \*

Please select an office

Member Eligibility

Please enter a member date of birth, and either first name & last name or member number to search.

Date of Birth \*

mm/dd/yyyy

Member Number

Member Number

First Name

First Name

Last Name

Last Name

CLEAR SEARCH

## STEP 2

The **Optional Information** section mirrors standard language on the ADA claim form. These fields are not required, but are present for those providers that want to include the additional detail.

Initial Deductible (HSN Only)

Deductible Anniversary Date (HSN Only)

mm/dd/yyyy

Deductible Percentage Met (HSN Only)

Optional Information

Accident Type

Select a type

Accident Date

mm/dd/yyyy

Accident State

Select a state

Office Reference Number

Number

Notes

Please enter your NEA Attachment ID, if needed.

**Tip:** The Initial Deductible fields **Deductible Anniversary Date** and **Deductible Percentage Met** are for Health Safety Net providers only.

### STEP 3

After entering all basic information about the claim and determining Member eligibility, add individual line items to your claim. This is done by entering Procedure Codes that were created as [Billed Amount Lists](#), as well additional information about the tooth or teeth serviced.

You can also attach supporting documents directly to the Claim.

The screenshot shows the 'Service Lines' section with a table containing one row of data. Below the table is the 'File Attachments' section, which includes a dropdown menu for selecting a document type, an 'ADD FILE' button, and 'CANCEL' and 'SUBMIT' buttons. A footer contains copyright information and links to 'Privacy Policy' and 'User Agreement'.

Procedure Code	Tooth	Surface	Quad	Arch	Qty	Service Date	Auth No.	Billed Amount
Code	Tooth	Surface	-	-	:	09/28/2016	No.	\$0

**File Attachments**

Select a document type

- Referral Form
- Dental Models
- Diagnostic Report
- Explanation of Benefits
- Support Data for Claim
- Periodontal Charts
- Radiology Films
- Radiology Reports

+ ADD FILE

CANCEL SUBMIT

Current Dental Terminology © American Dental Association  
© 2016 Commonwealth of Massachusetts  
Mass.Gov® is a registered service mark of the Commonwealth of Massachusetts

[Privacy Policy](#) | [User Agreement](#)

### STEP 4

Once the Claim is submitted, you will receive a confirmation and the Claim Number.

The screenshot shows a 'Submission Success' message. It states that the claim/pre-authorization has been submitted and assigned a number. Below the message are two buttons: 'ENTER A NEW CLAIM' and 'DONE'.

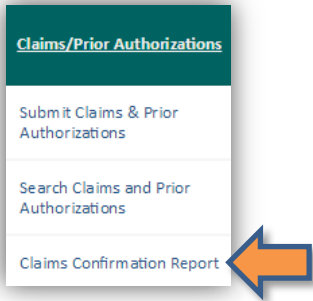
## Submission Success

Your claim/pre-authorization has been submitted and assigned the number **XXXXXXXXXXXX**. Please keep this number for your records.

ENTER A NEW CLAIM DONE



### STEP 1



As an administrative function, some Providers like to print out copies of submitted claims to place in patients' files.

To obtain a Dental Claim Confirmation Report, select **Claims/Prior Authorizations > Claims Confirmation Report** from the navigation menu. Enter the Service Office, Treating Dentist, and what type of submission was made. The report can be sorted either by Member ID or Member Last Name. Click **PRINT THIS PAGE** to print the report.

#### Dental Claim Confirmation Report

You can get report of the status of your claims by using the form below. To get the report, you must select a Service Office and a Treating Dentist.

Service Office \*

Treating Dentist \*

Type

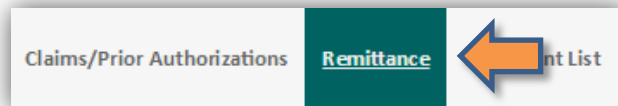
Report Sort Order

Results

Member Number	Member Name	DOB	Submitted Eligibility	
0000000000	0000000000	00000000	No	
Claim/Pre-Authorization Number	Entered Date	Plan	ICD Diagnosis Codes	
0000000000	09/28/2016	MassHealth - Adult (Regular) Medicaid		
Dentist Name	Service Office Location	POS	Office Reference Number	Referral #
0000000000	DENTAL SERVICE, PC	11		

### STEP 1

You are able to look up past payments using the check or deposit number, Payer Name, Payee Name, or you can opt to see all payments for a given date range. The last eighteen months worth of records will be available. Select **Remittance** on the navigation menu.



### STEP 2

Enter the data you want to search on. The last eighteen months worth of records will be available. Click **SEARCH** when complete.

#### Remittance

You can search for claims payment information for treatment provided to any of your patients by using the form below.

Remittance Search

Check or Deposit Number	Payment Method
<input type="text" value="Type in your number"/>	<input type="text"/>
Payer Name	Payee Name
<input type="text" value="Enter a name"/>	<input type="text" value="Enter a name"/>
Check or Deposit Date Range	
<input type="text" value="mm/dd/yyyy"/>	to <input type="text" value="mm/dd/yyyy"/>

### STEP 3

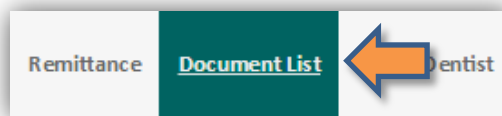
Review payment details. To view additional payments, click **VIEW MORE**.

#### Search Results

Check or Deposit Number	Payer Name	Payee Name	Payee City	Payee State	Payee Payment Release Date	Payment Method	Payment Amount
No results							

### STEP 1

Your Document List contains items that have been attached for your reference. Select **Document List** on the navigation menu.



Leave all fields blank and click **SEARCH** to see a list of all documents. Alternatively, add more information to the search fields to narrow your results, such as searching by category of document.

**Document List**

You can search for and find important documents using the form below. You can search using any or all of the categories.

Document List Search

Title	Description
<input type="text"/>	<input type="text"/>
File Detail Category	Location Name
<input type="text"/>	<input type="text"/>
<ul style="list-style-type: none"><li>Select a category</li><li>Select a category</li><li>Bulletin</li><li>Dental Home Materials/Resources</li><li>Fax Blasts</li><li>Fee Schedule</li><li>Forms</li><li>General</li><li>Incentive Reports</li><li>News Archive</li><li>Newsletters</li><li>Office Reference Manual</li><li>Other</li><li>Preventistry Report</li><li>Preventative Roster Report</li></ul>	End Date
	<input type="text"/>

Mass.Gov® is a registered service mark of the Commonwealth of Massachusetts

[Privacy Policy](#) | [User Agreement](#)

### STEP 2

Search results display the title of the document, the date it was uploaded, category of document, and a brief description. Click **DOWNLOAD** to download the document and read it.

Presented below are the results of your search.

Title	Date	File Detail Category	Description
Health Plan Information	06/13/2016	Training Materials	<a href="#">DOWNLOAD</a>
...	06/13/2016	Preventative Roster Report	<a href="#">DOWNLOAD</a>

## STEP 1

Select **Find a Dentist** on the navigation menu. You can search either by Plan or by Member.

Find a Dentist

To find dentists in our network, just make your selections in the form below. You can use any or all of the fields below to narrow your search.

Document List **Find a Dentist**

Select Plan

Select Plan \*

MassHealth

Location

Zip Code \*

Enter a zip code

Within \*

Select a distance

OR

City \*

Enter a city

SEARCH

## STEP 2

Enter further search criteria, including Zip Code and search radius. Additional search details to narrow the results are optional.

Location

Zip Code \*

Enter a zip code

Within \*

Select a distance

OR

City \*

Enter a city

SEARCH

Dentist Criteria (optional)

Specialty

Select a specialty

Office

Enter an office

Not sure what dentist is right for you?

Language

Select a language

Gender

Select a gender

Age Range

Select an age range

Additional Needs

Mobile Provider

Special Needs

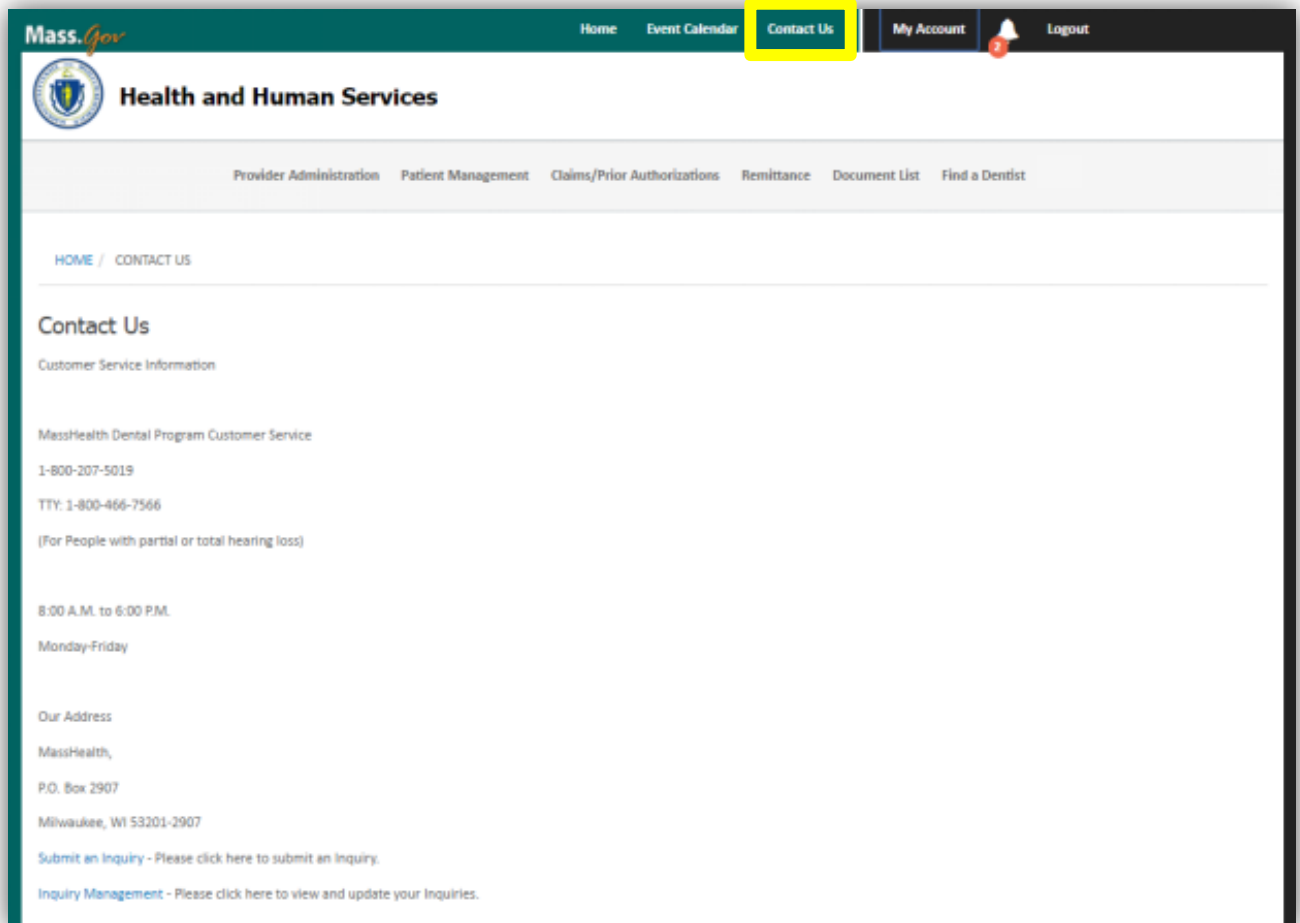
Handicap Accessible

Uses Sedation

SEARCH

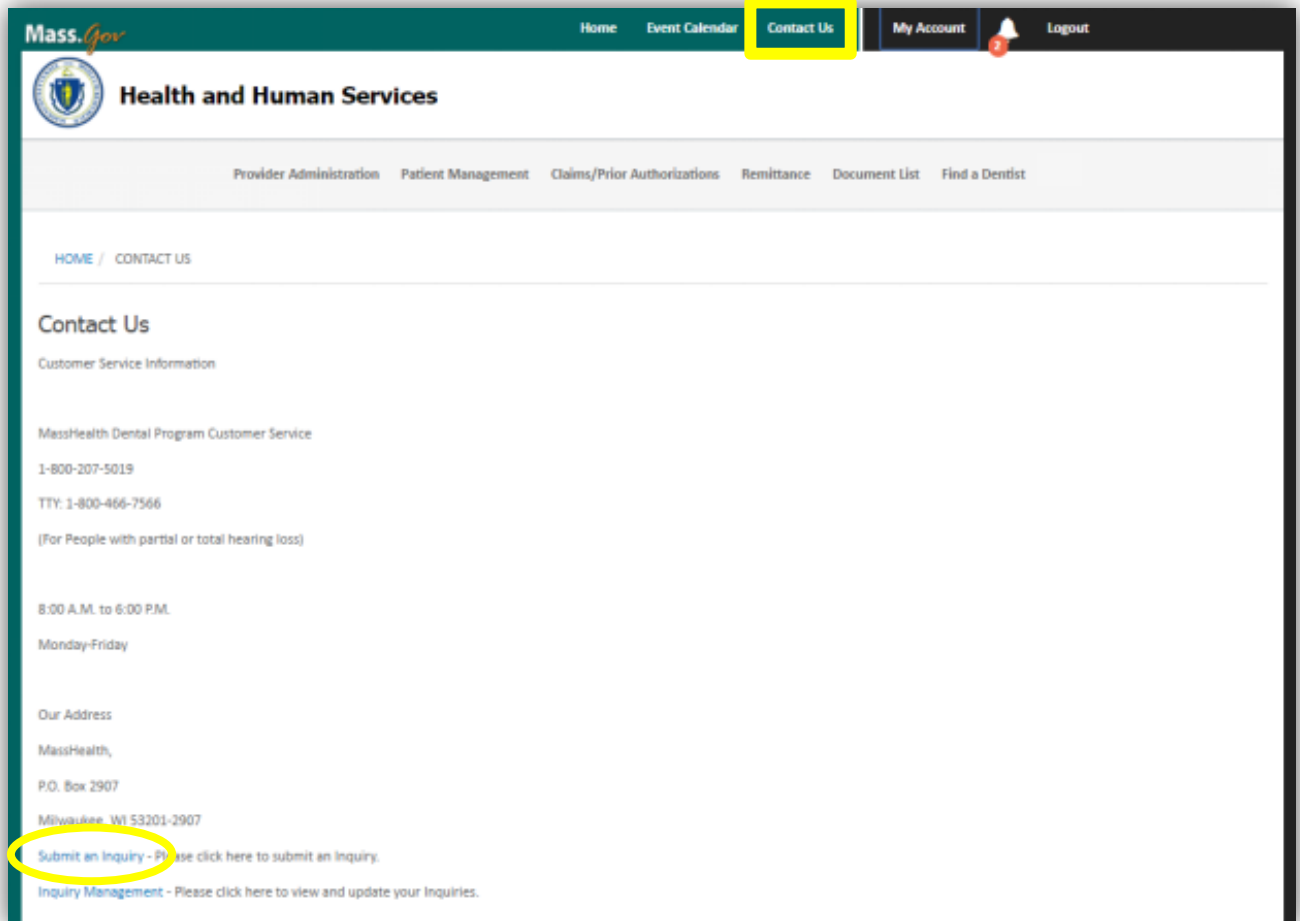
## STEP 1

Select **Contact Us** from the top navigation menu. The page lists the phone number and mailing address for Customer Service.



## STEP 1

Select **Contact Us** from the top navigation menu. Click the **Submit an Inquiry** link.



## STEP 2

Indicate whether your inquiry concerns a disagreement with a decision made about a Denial of Service or Payment of a Claim.

Submit Inquiry

**General Information**

Your Name: \*  
Majed User

Do you disagree with a decision made about a Denial of Service or the Payment of a Claim? \*  
Select an option  
Yes  
No

If you need further assistance, please call our [Customer Service Department](#). Otherwise, please verify the data entered above is correct and submit the form with the button below.

CLEAR SUBMIT

## STEP 3

If your reason for inquiry is to disagree with a Denial of Service or Payment of a Claim, select the appropriate information type, enter the Claim or Authorization number and click **SUBMIT**.

### Submit Inquiry

#### General Information

Your Name: \*  
Majed User

Do you disagree with a decision made about a Denial of Service or the Payment of a Claim? \*  
Yes

#### Claim/Authorization Information

Type: \*  
Authorization  
Authorization  
Claim

Authorization Number: \*  
Enter authorization number

If you need further assistance, please call our [Customer Service Department](#). Otherwise, please verify the data entered above is correct and submit the form with the button below.

## STEP 4

Alternatively, if you are submitting a Complaint or General Inquiry, fill in as much detail as possible regarding the issue and your desired outcome. You can also upload supporting documentation by clicking **ADD FILE**. When complete, click **SUBMIT**.

### Explanation/Desired Outcome

Subject: \*  
Select an option  
Complaint  
General Inquiry

Explanation:  
Please explain your issue here.

Desired Outcome: \*  
Please explain your desired outcome here.

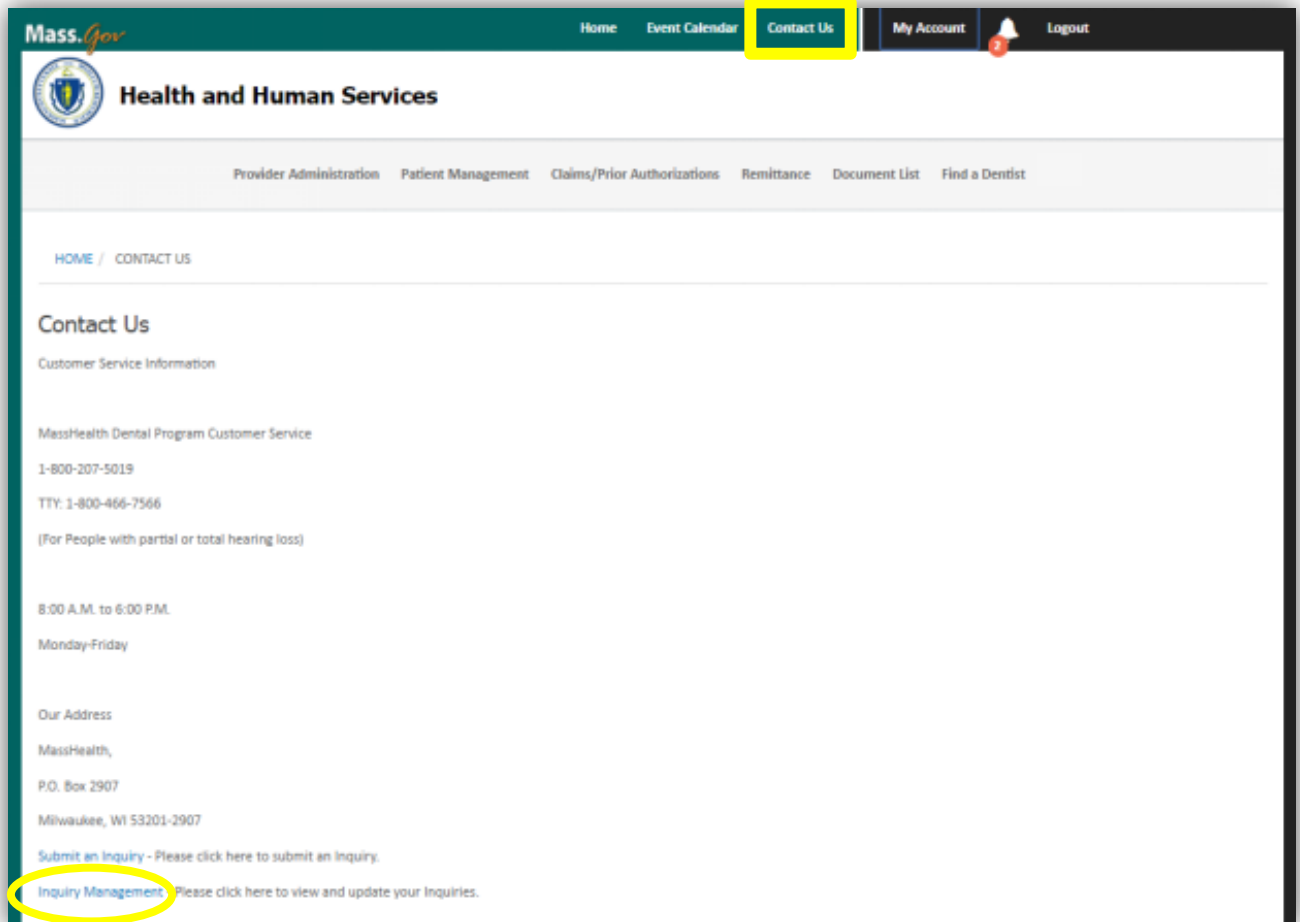
### File Attachments

Select a document type

If you need further assistance, please call our [Customer Service Department](#). Otherwise, please verify the data entered above is correct and submit the form with the button below.

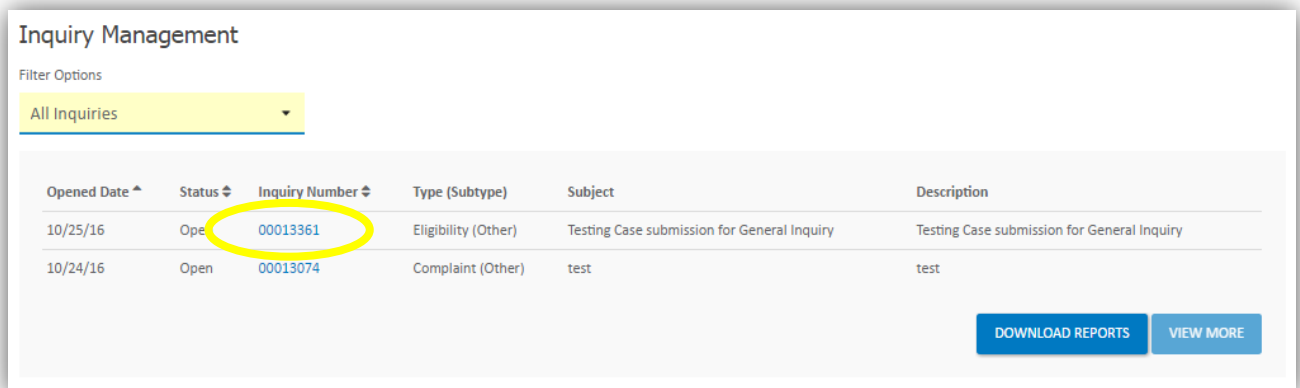
## STEP 1

Select **Contact Us** from the top navigation menu. Click the **Inquiry Management** link.



## STEP 2

Click an **Inquiry Number** to review details of that inquiry.





### STEP 3

Review the Inquiry Details. To add comments, enter them in the comment field, then click **SHARE**.

#### Inquiry Details

Inquiry Number	00013361	Contact Name	Majed User
Subject	Testing Case submission for General Inquiry	Contact Phone	(508) 888-8888
Description	Testing Case submission for General Inquiry	Contact Email	
Status	Open	Decision	
CGA Type		Decision Category	

**Comments:**

Testing Case comments

Majed Test User - 10/25/16 11:09 AM

Enter your comments here

**SHARE**

### STEP 4

You can upload supporting documentation by clicking **ADD FILE** and **ATTACH FILE**.

#### Attachments

##### File Attachments

Line Counter	File Name	Upload Date	
1	Recalculate due date	10/25/2016	<a href="#">DOWNLOAD</a>

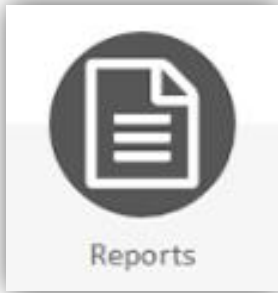
##### File Attachments

Select a document type

**+ ADD FILE**

**ATTACH FILE**

## STEP 1



You can download reports that have been prepared for you. Click the **Reports** icon on the home page.

## STEP 2

Enter a date range or leave blank to search all reports. Click **SEARCH**. If reports are available, they will display in the list. Click the **DOWNLOAD** link(s) to download desired reports.

SELF SERVICE REPORTING

Reports

mm/dd/yyyy to mm/dd/yyyy SEARCH

Report Name	Date Created	
Rah_Doc_List	08/18/2016	<b>DOWNLOAD</b>

VIEW MORE

## STEP 3

Additional reports and metrics may be available to you. Click **SELF SERVICE REPORTING** to view your options.

### STEP 1

The Event Calendar shows all of the events that have been shared with your organization. To open the Calendar, click **Event Calendar** on the top menu.

You will be able to register for events listed on the calendar, but only MassHealth can add events to the Event Calendar.

Mass.gov Home **Event Calendar** Contact Us My Account Logout

Health and Human Services

Provider Administration Patient Management Claims/Prior Authorizations Remittance Document List Find a Dentist

HOME / EVENT CALENDAR

### Event Calendar

You can see a list of all of your upcoming and past MassHealth events below.

September 2016

MONTH WEEK DAY

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
28	29	30	31	1	2	3
						10
					15	17
					22	24
					29	1

Friday 16 September, 2016

MONTH WEEK DAY

Time	Event
8AM	
9AM	
10AM	
11AM	
12PM	
1PM	1:00 PM Webinar Monai
2PM	
3PM	
4PM	
5PM	

**Tip:** Click on the numbers of a given date to see more information about the day.